



INSPECTION REPORT OF THE INDIANA
FUNERAL SERVICE BOARD

State Form 8499 (R / 4-96)

INDIANA PROFESSIONAL LICENSING AGENCY
302 West Washington Street, Room E034
Indianapolis, IN 46204

County code

Name of home (as licensed)	Funeral home license number
Address (number and street, city, state, ZIP code)	
(1) Name of funeral director	Number
(2) Name of funeral director	Number
(1) Name of intern	Number
(2) Name of intern	Number
PREPARATION ROOM CONDITION	
<div><div><input type="checkbox"/> Clean</div><div><input type="checkbox"/> Walls</div><div><input type="checkbox"/> Back Syphonage Protection</div></div> <div><div><input type="checkbox"/> Table</div><div><input type="checkbox"/> Floors</div><div><input type="checkbox"/> Proper Ventilation</div></div> <div><div><input type="checkbox"/> Doors</div><div><input type="checkbox"/> Windows</div><div><input type="checkbox"/> Lighting</div></div> <div><div><input type="checkbox"/> Hot / Cold Water</div><div><input type="checkbox"/> Separate Sink</div><div><input type="checkbox"/> 3 Contagious Communicable Disease Packs</div></div> <div><div><input type="checkbox"/> Means of Sterilizing Instruments</div></div>	
<div><div><input type="checkbox"/> Single Ownership</div><div><input type="checkbox"/> Partnership</div><div><input type="checkbox"/> Corporation</div></div>	
Remarks:	
Trust funds held in (name of financial institution):	
Certificate of authority number	Expiration date
All licenses displayed:	
Has general price list:	
Date of inspection	Follow-up date:
Signature of inspector	
Signature of licensed manager	License number: